

EXTRAPERITONEAL LIGATION OF EXTERNAL ILIAC ARTERY FOR ANEURISM.

REPORT OF A RECENT CASE FOLLOWED BY RECOVERY.

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THE following case is reported to add to the records of such operations, which are of rather limited number and which according to the published statistics from one cause or another have resulted in a rather high mortality. Bryant in his *Operative Surgery*, (1904), states the external iliac artery has been ligated one hundred and seventy-three times, with sixty-one deaths from various causes.

J. G. Finland, age 52, was admitted to the Marine Hospital, New York, under my care on November 5, 1905, with a large saccular aneurism of the upper third of the left femoral artery.

The patient was a large man, well nourished, and possessed with a large amount of adipose tissue. He stated that his habits were fair, but he smoked and drank a good deal at times. He had had three attacks of gonorrhœa, the last one being over ten years ago. He had rheumatism fourteen years ago, all the extremities being involved. He stated that he had suffered from syphilis some eight years previously. A scar was present in the left groin and a number of glands in the same groin were enlarged.

About two months ago he first noticed a small swelling in the left groin which was painful and rapidly increased in size until his admission into the hospital.

On admission there was a large swelling in the left groin, about four inches long and about three inches and a-half in transverse diameter, extending well up beneath Poupart's ligament. The pulsation was strongly expansile, and a loud systolic bruit was heard on auscultation. There was marked pain, which was described as burning in character. Considerable swelling of the left thigh, leg and foot was present, though this condition

partially subsided at night while in the recumbent position. There was no history of injury.

The patient was put to bed to rest for a few days, but as the aneurism visibly increased in size and the pain continued, an operation was decided on at once.

After the usual preparation of the patient, the operation was performed on the 8th of November, the anaesthetics employed being chloroform and ether. After having been placed in the Trendelenburg position, a straight incision, beginning immediately to the outer side of the external abdominal ring, about an inch above Poupart's ligament, and terminating on a level with, but about two inches internal to, the anterior superior spinous process of the ilium, was made. When the peritoneum was reached it was pushed upward and backward and the whole held back by blunt retractors. Considerable difficulty was experienced in exposing the vessels. A number of enlarged glands interfered and were worked aside from the vessels with the fingers. The areolar tissue forming the sheath over the vessels was scratched through by the same means. The ligature, heavy kangaroo tendon, was carried around the middle third of the vessel and secured by a combined reef knot and surgeon's knot. The pulsation in the aneurism ceased at once. The wound was thoroughly closed by carrying chromicised catgut ligatures deeply, near to the peritoneum. The integument and fascia were united separately. The leg was swathed in cotton and lightly bandaged, and a long lateral splint applied. Hot-water bottles were kept to the leg for two days. On the sixth day the stitches were removed. The wound had completely healed. At first there was a noticeable difference in the color of the leg. This gradually disappeared as the circulation became re-established. The discoloration disappeared before he was discharged from the hospital, four weeks afterward. The aneurismal swelling decreased in size, and appeared firm and completely organized between the third and fourth week.

The day following the operation the patient developed a severe ether pneumonia, which lasted for ten days. There were no other complications.

Considerable difficulty was experienced in passing the ligature owing to the wound being made doubly deep by the thickness of the adipose tissue over the abdomen.